

VZCZCXRO3545  
PP RUEHDBU  
DE RUEHKB #0265/01 0611420  
ZNY CCCCC ZZH  
P 021420Z MAR 07  
FM AMEMBASSY BAKU  
TO RUEHC/SECSTATE WASHDC PRIORITY 2506  
INFO RUCNCIS/CIS COLLECTIVE PRIORITY  
RUEHAK/AMEMBASSY ANKARA PRIORITY 2029  
RUEHRO/AMEMBASSY ROME PRIORITY 0251  
RUEHPH/CDC ATLANTA GA PRIORITY  
RHMFISS/CDR USEUCOM VAIHINGEN GE PRIORITY  
RUEHGV/USMISSION GENEVA SZ PRIORITY 0257  
RUEASWA/DTRA ALEX WASHDC PRIORITY

C O N F I D E N T I A L SECTION 01 OF 02 BAKU 000265

SIPDIS

SIPDIS

USDA FOR OSCE/DAN CAINE, FAS FOR OSTA/MACKE, WRIGHT, LEIER,  
ROSENBLUM; OCRA/THOMAS, FLEMINGS; OA/PATRICK CLERKIN

E.O. 12958: DECL: 01/01/2026

TAGS: [ECON](#) [KFLU](#) [EAGR](#) [USDA](#) [PGOV](#) [KTIA](#) [TBIO](#) [CASC](#) [AJ](#)

SUBJECT: AZERBAIJAN: THE DEVELOPMENT AND EXERCISING OF  
AVIAN AND PANDEMIC FLU RESPONSE PLANS

REF: STATE 22991

¶1. (C) SUMMARY: Embassy submits the following Avian Influenza (AI) update. We will ascertain the status of the GOAJ's AI/PI response plan with the relevant GOAJ officials next week (reftel). On March 2, Econoff met with Dr. Roberta Andraghetti (Medical Officer, Epidemic Preparedness and Response), World Health Organization. Andraghetti, who is posted at the WHO offices in Geneva and Copenhagen, was visiting Baku this week. Andraghetti said there has been great progress in Azerbaijan on Avian flu testing on the human side, and she was complimentary toward to Ministry of Health (MoH). The Azerbaijani State Veterinary Service (SVS), however, continues to present perhaps the biggest danger to the effective monitoring and combating of AI at its early stages. END SUMMARY.

¶2. (U) In a March 2 conversation with Econoff, World Health Organization (WHO) Medical Officer, Epidemic Preparedness and Response Dr. Roberta Andraghetti, said that the MoH had made "great improvements" in the last year, and that they are working hand-in-hand with the WHO and the shipping company "Dangerous Goods Management" (DGM) to get human samples out for testing in a timely manner. Andraghetti estimated that from the time a sample is taken, the MoH can have it out of Azerbaijan "within 48 hours" to the Millhill laboratory in England. Millhill was then able to turn around results in a few hours. The problem continues to lie "on the periphery" in which local doctors' assessments and treatments are not aggressive enough, and are bogged down in bureaucratic paperwork, and local doctors continue to misdiagnose and mistreat symptoms. While the MoH has greatly enhanced its capacity to get samples out for testing, the samples they are often receiving are frequently not the correct sample types for the stage of the disease. She estimated that that this is because diagnosis is not taking place quickly enough at the local level.

NAFCALA CASE  
-----

¶3. (SBU) One example of this problem is a case from early 2007, a woman from Nafcala, Azerbaijan, who died on February ¶6. The woman sought medical attention locally, and then she was given out patient-treatment for bursitis and bacterial pneumonia. After two weeks of not feeling better, the woman, on her own initiative, went to the Baku lung hospital, where she checked herself in. At the lung hospital in Baku, the woman revealed that she had been, in fact, handling dead

poultry but that she had not been asked this question by the doctors in Neftcala. The Baku doctors then began treating her for possible AI, but she died shortly thereafter. Additionally, the area where the woman had lived had experienced a bird die-off, through such a die-off had been denied by local officials.

14. (SBU) Throat and upper respiratory samples were taken post-mortem. Andrighetti estimated that it had been approximately three weeks after the woman initially showed symptoms, and estimated that to get the most accurate tests that samples need to be taken no longer than 7-9 days after the virus is acquired. If a longer time has elapsed, as in this case, samples then need to be taken from the lung. Dr. Andrighetti said that most families are not willing to do this and that therefore it is usually impossible to get an accurate readout from throat/upper respiratory samples post-mortem. The results from Millhill indicated a "weakly positive" test, and on the basis of this result, it was not possible to determine definitively if the woman had AI.

#### BUREAUCRATIC HURDLES REMAIN

-----

15. (C) Andrighetti said that the MoH engages in surveillance in areas where there are suspected outbreaks, however, she did not know how this worked in practice, and she had not been in the field in Azerbaijan on this trip. According to Andrighetti, the doctor of any flu patient is required to fill out three pages of paperwork and send it to Baku for review. The paperwork apparently does not ask specific questions which would more quickly identify if an individual may have been exposed to Avian Influenza. For example, there

BAKU 00000265 002 OF 002

is no assessment in the questionnaire about handling dead birds or if there have been bird dieoffs in the region. Therefore the "one real case of AI could be buried in a case of 20 regular flu cases." Andrighetti said that while it was nice to have a baseline of flu statistics, this bureaucratic process did nothing trigger an "early warning" of AI.

16. (C) Andrighetti said that the MoH has been "fantastic" and that both Minister of Health Ogtay Shiraliyev and MoH head of Epidemiology Viktor Gasimov "get it." The SVS was another story. They are unable to cooperate with the MoH, and they also are unwilling or unable to conduct accurate tests and surveillance. There is very little transparency, and Andrighetti was befuddled as to what to do about the SVS. ECONOFF noted that the systemic and personnel problems with the SVS are the same as they were in late 2005.  
DERSE